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RESEARCH REPORT 3

The Provision of Care by Non-Household Institutions

South Africa

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ACRONYMS

ABET	Adult Basic Education and Training
AIDS	Acquired immunodeficiency syndrome
ANC	African National Congress
ART	Anti retroviral therapy
BCEA	Basic Conditions of Employment Act
CDG	Care Dependency Grant
CSG	Child Support Grant
DG	Disability Grant
DLA	Department of Land Affairs
EAP	Employee Assistance Programme
EEA	Employment Equity Act
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
FCG	Foster Care Grant
GDP	Gross Domestic Product
HBC	Home-based care
HCBC	Home- and community-based care
HIV	Human immunodeficiency virus
NGO	Non-governmental organization
NPO	Non-profit organization
NSFAS	National Student Financial Aid Scheme
NSNP	National Schools Nutrition Programme
OECD	Organisation for Economic Cooperation and Development
OAP	Old Age Pension
OSD	Occupation-specific dispensation
OVC	Orphans and other vulnerable children
PLWHA	People living with HIV/ AIDS
SASSA	South African Social Security Agency
SEPPI	Socio Economic Study of the Persistence of Poverty and Inequality
SMG	State Maintenance Grant
SNA	System of National Accounts
TUS	Time Use Survey
UIF	Unemployment Insurance Fund
VCT	Voluntary counselling and testing
WO	Welfare organization

INTRODUCTION: RESEARCH REPORT THREE IN CONTEXT

The first report on the research in South Africa (Budlender and Lund 2007) gave an overview of the country, characteristics of poverty and inequality and the main policy changes over the time of transition. It gave socio-demographic trends and, in particular, characteristics of household composition, fertility and mortality. The second research report (Budlender 2007) used the 2000 Time Use Survey to estimate the value in time and money of unpaid care work, and used this information for comparisons with the value of paid care work, all paid work, GDP, and taxation.

This third research report focuses on the provision of care by non-household institutions, in particular by the state, the private sector, and the organized social sector. It uses this to assess the nature and dynamics of 'the care diamond', and to reflect on central concepts in welfare regime theory. It starts with an overview of social policy provision, and in particular the policy changes that happened in the transition from apartheid to democracy. Section Two gives a short summary of main findings of the analysis of the Time Use Survey (TUS) which covered household care work. Section Three then describes provision of money, services and in-kind benefits, by non-household institutions – the state, private sector, private formal welfare sector, and informal organisations. In line with the overall focus of the South African project, the focus is on care for children and for elderly people (and not on those with disabilities), and in this section we approach social provision targeted at and through three generations: children, working-age adults, and older people. The concluding segment of Section Three looks at the interaction between these different providers and programmes. The final Section Four of the paper, on 'the care diamond', attempts to draw some generalizations, identify paradoxes and contradictions, and raise questions for further discussion and analysis.

SECTION ONE - THE SOCIAL POLICY REGIME

GENERAL CHARACTER

It is difficult to classify South Africa according to conventional welfare regime analysis. Sitting at the south of the continent, the country is the economic giant in the region, comparatively well resourced and stable. The way in which apartheid policies were overlaid on to the existing racist colonial policies means that the resources were and still are very unevenly distributed. Economic and social policies were, for more than a century, driven by the ideological imperatives of racial separation and racially separated capitalist accumulation. Some social policies were imported from Great Britain and were used to bolster the stability and well being of the minority white population. Mostly, responsibility for social provision for the population that was not white – the African, coloured and Indian population in apartheid terms – were left to that racial population to deal with. This was especially the case for welfare for Africans. Significant forms of provision however, such as some employee benefits, and cash transfers for elderly people, were available to the whole population, and have become a part of indigenous social policy.

This paper seeks to understand the present regime of social provision by institutions outside the household as it impacts on paid and unpaid care. We will see that South Africa presents what may be a unique mixture of aspects of different welfare regimes. The attempts during the political transition in the 1990s to provide more inclusive and more racially equitable policies gave way to more emphasis on fee-paying and private provision such as had characterized the provision in the past, and were then faced also with the challenges presented by the HIV/ AIDS pandemic.

The paper takes the beginning of the twentieth century, under the Union government, as the beginning of the period of codified policies for public health provision, education, and some limited

worker-related social benefits. Regardless of the type of provision there is an overriding feature, that of racial discrimination. The overarching political goal was the preservation of white minority interests; this worked in harmony with the economic policies of racial capitalism. Social policies were subservient to these macro-political purposes, and were in fact not clearly articulated.

There was a flurry of activity in social policy in the 1940s, influenced by and taking advantage of opportunities offered by the Second World War to build a new 'national project'. The Gluckman Committee of Enquiry into health strongly recommended a universal primary health care system for all South Africans, regardless of race; a series of social security conferences and committees went far down the road to recommending a Beveridge-like welfare state system, building on the existing patchy system of family allowances and pensions for elderly people. These progressive and inclusive initiatives were lost in the political battle that resulted in the election to government of the Nationalist Party. This party spent the next decade concertedly passing legislation that would entrench white rule and privilege (van Niekerk 2003).

Some social policies were prescribed only for the white population. Some were for white, coloured and Indian people, but at different levels of provision. All services were biased towards urban areas, except that the Calvinist churches took a special interest in reaching white Afrikaans- speaking people in rural areas as well. Underpinning and justifying apartheid ideology was a conservative Christian Calvinism which rationalized white supremacy under the idea of sovereignty for separate groups, but with the white 'nation' or '*volk*' as dominant. Embedded within this, and at the heart of understanding the dynamics of care, was an ideal of family structure and family life, in which men were breadwinners, while women tended the hearth, kitchen and children, and in which there was a strong but narrow role for volunteerism, for 'helping one's own'. There was, however, extensive provision, within the church and within organised welfare (much of which itself took place under the umbrella of the church), to protect those individuals who had no families of their own to protect them.

Again, it is impossible to understand the particular nature of apartheid without appreciating how, when the Nationalist Party captured state power in 1948, it deliberately used the state apparatus as a vast employment project for its own supporters, building up a largely Afrikaans-speaking civil service. It also used the resources of the state to create a battery of social provision for the white population in general. This included education bursaries, subsidies to private welfare organizations, massive public works programmes for poor white people, and residential institutions with comprehensive facilities for dysfunctional white families. The state was used to change the life chances of working class white people. This history presents the opportunity to explore for a non-northern country a much-neglected aspect of Esping-Andersen's work, which is how the development of the welfare regime at the level of *providers* of welfare is a creator of social stratification.

For example a government may decide to change the shape of professional health providers in the public health sector, subsidizing the training and recruitment of many primary health care workers, rather than registered nurses with the four year degree training. Over time, this state support will mould class formation among the providers. A good example of this comes from the South Africa. Shula Marks, in *Divided Sisterhood*, showed how the nursing profession in South Africa was an exceptionally important avenue for upward class mobility for African women, and later for Afrikaner women, from the end of the nineteenth and beginning of the twentieth centuries (Marks, 1994). Esping-Andersen's and others' main emphasis, however, has been on the influence of welfare provision on social stratification with respect to recipients' access to and exclusion from provision.

Significant elements of apartheid policy were the enforced racial segregation of residential areas in the cities; the ‘export’ to the bantustans of some eight million of the black population, with the accompanying idea that those in the bantustans would largely bear responsibility for their own care needs; the introduction of education and training policies that would consign those not white to inferior or no opportunities for their personal skills development. These spatial borders were regulated, allowing into the ‘white cities’ those who had registered employment. Not least among these were the tens of thousands of domestic workers, mostly women, who managed to negotiate their way through the complex and hostile labour pass system, and left their own families to assume multiple care responsibilities in mostly white households – a significant form of care service provisioning through the market with the complicity of the state. On white farms, the female spouses of African agricultural labourers were typically employed as domestic workers, with the financial lives of their families totally dependent on their white employers.

A hallmark of the colonial then apartheid policies was the dispossession of land, the removal of millions of black South Africans from their land, and thus the removal of opportunity to make a living. The white minority of 13 percent of the population came to own or control 87 percent of the land. The challenge to land reform is enormous, as it is to employment creation in isolated ex-Bantustan areas in which markets were systematically underdeveloped. Land reform is proceeding very slowly. The Department of Land Affairs (DLA) has, as Walker (2003) points out, a high commitment to gender equity, but there have been weaknesses implementing the programme. More recently, also, there has been a shift in policy orientation within the DLA from the earlier gender mainstreaming approach, to viewing women as one of several ‘vulnerable groups’.

In the apartheid era, social policies were residual and stratified, with the additional stratification feature of racial differentiation. The central government in Pretoria retained political control over the important sectors of health, education and welfare. Particularly in welfare services there was room for some variation in service provision across the racially segregated administrations. The provision of pensions and grants, however, was a measure set at national level. It was legislated by Pretoria, and had to be guaranteed by Pretoria even if implemented through the four provinces and ten bantustans. It was this feature of the apartheid era that laid the basis for the relatively extensive non-contributory provision of cash transfers. The difference in age eligibility, with women being eligible five years earlier than men, was introduced early on, and continued into the apartheid era and beyond.

Work-related social benefits fell under nationally determined labour legislation, and applied only to those in formal employment with a recognizable employer. The benefits were racially discriminatory in scope and level. African worker rights in terms of organising were severely restricted. At around the beginning of the 1970s organized labour started becoming the predominant force in the internal political movement against apartheid, with social wage issues such as pensions

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